Vision Defects Among School Children

500. DR. T. SUBBARAMI REDDY:
SHRI SANTOSH BAGRODIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to State:

(a) whether about 50 per cent school children in urban areas in the country suffer from vision defects but are not even aware of them;

(b) if so, whether India has one-fourth of the world blind population and majority of these 12 million suffers from correctable vision defects;

(c) whether this was revealed in a report which was released on 9"^ October, 2002 on the eve of World Sight Day;

(d) whether Government have examined the report;

(e) if so, the States with more number of cases of vision defects; and

(f) the concrete steps Government have taken, so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (f) Ministry of Health has not received any such report. However, refractive error is the commonest visual impairment in children. Recent studies in India indicate that refractive error is responsible for visual impairment in more than 70% of the affected children. To tackle this problem, School Eye Screening and provision of spectacles to the poor & needy children is being done through funds available in the District Blindness Control Societies under National Programme for Control of Blindness. Of the total estimated 45 million blinn in the world, 7 million are in India.

Dismal Condition of Cancer Patients in Government Hospitals in Delhi

501. SHRI BHAGATRAM MANHAR:
SHRI RAJU PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of dismal condition of cancer patients in various Government hospitals in NCT of Delhi;

(b) if so, the steps Government propose to take to provide more amenities and facilities to the cancer patients in various hospitals of Delhi;

(c) whether it is a fact that equipment and machinery worth several crores are lying unused in AIIMS and Safdarjung Hospital for the last two-three years; and

(d) if so, the details and cost of these equipments/machines and reasons for not using them for several years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): (a) and (b) As far as the Central Government Hospitals, v/z. Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital and LHMC and Associated Hospitals and the AIIMS the position is as under:—

In Safdarjung Hospital adequate facilities are available for treatment of cancer patients. In Lady Hardinge Medical College and Associated Hospital facilities for surgical and chemotherapy intervention are available. In Dr. RML Hospital surgical intervention for cancer patients is available. However, patients who require chemotherapy and radiotherapy are referred to Safdarjung Hospital. The treatment provided in the above mentioned hospitals is free of cost.

In AIIMS at present Dr. B.R. Ambedkar Institute Rotary Cancer Hospital is under expansion; remodeling and renovation works are being carried out in the ground and first floor of multi storied block. As a result of this, patient care activities have been affected with regard to Brachytherapy, which is required for cancer patients. Other than this particular facility, IRCH work is going on smoothly and under no circumstances, the conditions at Dr. B.R. Ambedkar IRCH can I5e termed as "Dismal",. This is evident from the increasing number of patients attending OPD. In the IRCH, patients are provided with all life saving emergency drugs and surgical items. Financial help is also provided for procurement of anti cancer drugs by (i) National Illness Assistance Funds (NIAF), (ii) PM's Relief Fund, (iii) Chief Minister's Relief Fund, (iv) Cancer Foundation, an NGO and (v) Poor Patients Funds at Dr. B.R. Ambedkar IRCH.

(c) and (d) No equipment is lying unused at Safdarjung Hospital. In the AIIMS at present all patient care equipment are functional except the following which are not being used for patient care activities.

Name	Approx Cost
(i) Setectorn LDR	Rs. 20,00,000/-
(ii) Micro Selectron HDR	Rs. 1,38,61,367/-
(iii) Brachytherapy Ultrasound	Rs. 76,49,165/-
(iv) GE Simulator	Rs. 3,56,256/-

The reason for non-utilization are that Dr. B.R. Ambedl<ar IRCH expansion/construction work in the ground and the first floor is still continuing. As a result of on going renovation work it is not feasible for Dr. B. R. Ambedkar, IRCH to use these expensive machines and these can be put to use again as soon as the remodeling/renovation work is over.

Special plan to bring down fertility rate

502. SHRI C. R THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any special plan has been formulated to bring down total fertility rate in the States of Uttar Pradesh, Rajasthan, Madhya Pradesh and Bihar, the highest in the country;

(b) if so, the details thereof;

(c) if not, the reason therefore;

(d) whether Government has examined the causes for not achieving the target by these four States;

(e) if so, the details thereof; and

(f) the measures suggested to achieve aTFR not exceeding 2.1 per cent by 2010?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes, Sir. In pursuance of the commitment made in National Population Policy 2000, an Empowered Action Group has been constituted vide order dated 20th March 2001 for assisting demographically weaker States in the preparation of area specific programmes. The States of U.R, Rajasthan, M. P. and Bihar are the members of the EAG. A key objective of the EAG is to assist these States to achieve TFR of 2.1 by 2010.